

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LT		12-20-99
O.I.P.E. CLASSIFIER		18	1-5-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	AS	59229	1/14/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	08 02 19 27	✓
2	✓	20 19 30 18	✓
3	✓	02 03 03 04	✓
4	✓		✓
5	✓		✓
6	✓		✓
7	✓		✓
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49	✓		✓
50	✓		✓

Claim	Final	Original	Date
51	✓	08 02 19 27	✓
52	✓	20 19 30 18	✓
53	✓	02 03 03 04	✓
54	✓		✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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